

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ST. PAUL TRAVELERS INS CO.
1500 MARKET ST., STE. 2900
PHILADELPHIA, PA 19102

A. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
X	
B. Received by (Printed Name)	C. Date of Delivery
Sharon Myatt	10/25
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2:06 CV 830-ID JLC	
3. Service Type	
<input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail	
<input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise	
<input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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